

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/691282</div>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Depend	17		16								
Total Claims	20		20								